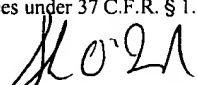


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AMENDMENT TRANSMITTAL LETTER FORM PTO-1083			ATTORNEY DOCKET NUMBER: 1538/20																																					
Application Number 09/344,299	Filing Date June 24, 1999	Examiner Pendleton, B.	Group Art Unit 2644																																					
Invention Title: COMPLEMENTARY-PAIR EQUALIZER			Inventor(s): S. Schwartz, et al.																																					
<p>Address to: Assistant Commissioner for Patents      Date: August 9, 2002 Washington D.C. 20231</p> <p>Transmitted herewith is an:</p> <ol style="list-style-type: none"><li>1. Amendment After Final Rejection</li><li>2. A Request for a One Month-Extension of Time.</li></ol> <p>The filing fee has been calculated as shown below:</p> <table border="1"><thead><tr><th></th><th>CLAIMS REMAINING AFTER AMENDMENT</th><th></th><th>HIGHEST NUMBER PREVIOUSLY PAID FOR</th><th>PRESENT NUMBER EXTRA</th><th>RATE (\$)</th><th>FEE (\$)</th></tr></thead><tbody><tr><td>TOTAL CLAIMS</td><td>30</td><td>minus</td><td>35</td><td>0</td><td>18.00</td><td>0.00</td></tr><tr><td>INDEPENDENT CLAIMS</td><td>5</td><td>minus</td><td>14</td><td>0</td><td>84.00</td><td>0.00</td></tr><tr><td>MULTIPLE DEPENDENT CLAIM ADDED</td><td></td><td></td><td></td><td></td><td>0.00</td><td></td></tr><tr><td colspan="5"></td><td>TOTAL</td><td>\$0</td></tr></tbody></table> <p>If applicant is a small entity under 37 C.F.R. § 1.9 SMALL ENTITY and § 1.27, then divide total fee by 2, and enter amount here.      TOTAL</p> <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20." *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1 of a prior amendment or the number of claims originally filed.</p> <p>2. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to the deposit account of Kenyon &amp; Kenyon, deposit account number 11-0600. A duplicate copy of this sheet is enclosed.</p> <ol style="list-style-type: none"><li>a. Any additional filing fees required under 37 C.F.R. § 1.16.</li><li>b. Any patent application processing fees under 37 C.F.R. § 1.17.</li></ol> <p>KENYON &amp; KENYON 1500 K Street, N.W. Suite 700 Washington, DC 20005 (202) 220-4200</p> <p> SHAWN W. O'DOWD Reg. No. 34,687</p> <p>August 9, 2002 Date</p>							CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE (\$)	FEE (\$)	TOTAL CLAIMS	30	minus	35	0	18.00	0.00	INDEPENDENT CLAIMS	5	minus	14	0	84.00	0.00	MULTIPLE DEPENDENT CLAIM ADDED					0.00							TOTAL	\$0
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